FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000025197 (3)

MILE BEAUTY SUPPLY INC.

FILED May 22 1998 8:00am Secretary of State

| , | | | | | |
|--|----------------------------------|---------------------|----------------------|--|---|
| Principal Place | e of Business | Mailing Address | | - 1 10011004 110 10100 31111 00111 40111 00111 00111 | |
| 219 MIRACL | LE MILE | 1150 NW 72ND AVE. | | İ | |
| SUITE 2B | | SUITE 307 | | DO NOT INDITE IN THE | 00405 |
| 1 | BLES FL 33134 | MIAMI FL 33126 | | DO NOT WRITE IN THIS | SPACE |
| US | | US | | 3. Date Incorporated or Qualified 04/06/1993 | |
| | lace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 | | 65-0400062 | Not Applicable |
| Suite, Apt. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | 9 | City & State | | Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | Carrier | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes or has paid the cu | urrent year Intangible ☐ Yes ∑ No |
| 24 | 25 9. Name and Address of Curren | | 30 | Personal Property Tax due June 30. 10. Name and Address of New Registered | |
| | _ | it noglatorou Agont | 81 Name | 10. Hallo did Hadross of Now Hogisters | - Habour |
| MARANGES, RUBEN D 8440 SW 8TH STREET | | | | | |
| MIAMI FL 33144 | | | 82 Street Addre | ss (P.O. Box Number is Not Acceptable) | |
| i m | INMI FL 33144 | | 83 | | |
| | | | 84 City | | 85 Zip Code |
| | | | | FL | - |
| Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, a m familiar with, and account the obligations of, Section 607.0505, Florida Statutos. SIGNATURE Signature, typical or parties trace of registered agent and twicell applicable. (NOTE: Registered Agent Signature required when reinstating). DATE | | | | | |
| 12. | OFFICERS AN | | 13. | ADDITIONS/CHANGES TO OFFICERS AN | D DIRECTORS IN 12 |
| THILE | P | DELETE | 1.1 TITLE | 7,5511,6140,617,114626 16 611,162,16744 | Change Addition |
| NAME | MARANGES, RUBEN D | | 12 NAME | | |
| STREET ADDRESS | 8440 S.W. 8TH STREET | | 1 3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33144 | | 1.4 CiTy - ST - ZiP | | ļ |
| TITLE | | DELETE | 2.1 TITLE | | Change Addition |
| NAME | | | 2.2 NAME | | |
| STREET ADDRESS | | | 2 3 STHEET ADDRESS | | |
| CITY-ST-ZIP | | | 2. 4 CITY - ST - ZIP | | |
| TITLE | | DELETE | 3.1 TITLE | | Change Addition |
| NAME (| | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3 4. CITY-ST-ZIP | | |
| TITLE | | DELFTE | 4 1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY - ST- ZIP | | |
| TITLE | | DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY - ST- ZIP | | |
| TITLE | | DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |

14. Hereby certify that the information surfilled with the filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental filling does not qualify for the exemption of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter (i) and in the receiver of the exemption of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in the receiver of the receiver or trustee empowered to execute the receiver of th x/x/98